

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

10/555364

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

242

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____ FILING DATE _____
APPLICANT(S) 10/555 364

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101						
102	/					
103	/					
104	/					
105	/					
106	/					
107	/					
108	/					
109	/					
110	/					
111	/					
112	/					
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122	/	/				
123	/	/				
124	/	/				
125	/	/				
126	/	/				
127	/	/				
128	/	/				
129	/	/				
130	/	/				
131	/	/				
132	/	/				
133	/	/				
134	/	/				
135	/	/				
136	/	/				
137	/	/				
138	/	/				
139	/	/				
140	/	/				
141	/	/				
142	/	/				
143	/	/				
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148						
149						
150						
TOTAL IND.	30	↓		↓		↓
TOTAL DEP.	12	←		←		←
TOTAL CLAIMS	42					

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151						
152						
153						
154						
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200						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						